BINDIN

FOR

RESERVED

MARGIN

S. No. 1

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PLACE OF DEATH County Clearles	STATE OF MARYLAND CERTIFICATE OF DEATH
Che la 1	Registration Dist. No
Village or City / Warring (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE 5 SINGLE, MARRIED, Drawied OR DIVORCED (Write the word)	16 DATE OF DEATH 2000 114 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw have alive on Nov. 14, 1936
7 AGE If LESS than	and that death occured on the date stated above, atm.
6/ yrs mos. 25 ds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Fasmer - Fickerman	Certerio celestris
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos., ds. Contributory Secondary
10 NAME OF JAMES CELLIN.	(Signed) (Address) (Address) (Buration) (Signed) (Address) (Address)
OF FATHER (State or bountry) 12 MAIDEN NAME	*Stte the Discase Causing Death, or, in deaths from Vlolent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER ANKHOUNE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos de. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wildred C, allen.	Former or usual residence
(Address) Markey, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOV. 17, 1936 ADDRESS ADDRESS
Filed MN. 15 186 mary Southeland	hmal & Penn La Plata Ma

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise and mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement Physician, Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer For persons who have no occupation (b) Automobile foctory. The material (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobor pneumonia. Bronchopneumonia ("Pneumonia");

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ef (name origin; "Cancer" is less definite; ενοίd approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," de. "Uraemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping as fracture of skull, carbolic acid—probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by roilway troin American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic and consequences (e. g., sepsis Example: Measles (disease affection need not be etc. valvular heart disease; The contributory

anywered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

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of	1	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/	
Exact		-
classified.		
properly	TION is very important. See instructions on back of certificate.	
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AUSE OF DEATH in plain terms, so that	CIO	
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	23
County Chorles	Registration Dist. No. 108
Village or City near thuy be veile	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 22 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Healys Isur	Ch. If U. S. Veteran, specify WAR
(a) Residence: No. College (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 100 2 4 , 193 5 6 (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) FA 5# 1914	I last saw here elive on New 2 4 , 193 6 ; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 4. 2. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	were as rollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Internous Interpolon: 1832
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
SAW MILL, BANK, etc	-
- this occupation (month and	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 13. NAME 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Mary 6. 49er	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Co. Oger -	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT L DEBLEOOK DEELER (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 127 au anon Oate 1/27, 1956.	Nature of Injury
19. UNDERTAKER Elegran Landa	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
Mar 17 36 & 8 1100 a	(Signed) Levin & otherous M. D.
20. FILEO Registrar.	(Address) to holde to all'

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis 2000	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
Cerebral hemorrhage						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
ALCE LEGISTER CONTRACTOR						

of OCCUPA-

D. Every item of infor-

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	(3)
County Chaples.	Registration Dist. No. 10 C
Village or City Jases Lawy	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME A one Duller.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, of divorged HUSBAND of	
(or) WIFE of Columbus Dulles.	22. HEREBY CERTIFY, That I attended deceased from
244	I last saw har elive on hao 7 ,19 36 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardina adula
9. Industry or business in which work was done, as SILK MILL, Amm A until	The state of the s
SAW MILL, BANK, etc.	(ang colins)
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation)	
year) occupation 7	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) LA all all all all all all all all all al	
13. NAME Thursday by Me. I	Heghelinam (actes - time)
	Jack the Misery
14. BIRTHPLACE (city or town) Mealer (State or country)	Name of deretion Date of
15. MAIDEN NAME Alice Dout to	What test confirmed diagnosis? Wes there an eutopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Jalana luna 13. Pt -	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Augustus VIII	opony another injury occurred in the country, in flowing, of the obligation of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place he fauls 18 - Date 1/17/3 49	Nature of injury
19. UNDERTAKER & Elmers M. Quade	24. Was disease or injury in any way related to accupetion of deceased?
(Address) Aughente ma	If so, specify
20, FILED/1/17 19.36 En Chaloputen	(Signed) Aug Walveyum M.D.
Registrar.	(Address) J. D. Svest will
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County Charles	Registration Dist. No. 108
Village or City Augherully.	No. St Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME May Jaune	Charl
(a) Residence: No. / Augustia	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wo	d)
Colored Winowed	(Month) (Day) (Year)
5a. If married, widowed, on divorced	
(or) WIFE of John 13. Thank	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) with. 185	/ Hast saw h.e. alive on
7. AGE Years Months Days If LESS ti	
7 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Tenent (1see)
9. Industry or business in which	V D
work was dona, as SILK MILL, SAW MILL, BANK, etc	acture.
apont it this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Marks Co	0/ 1/ /-/
(Stata or country)	- Thursday finlens -
13. NAME 14. BIRTHPLACE (city or town) Chan Co.	Messen
4. BIRTHPLACE (city or town)	Name of operation Oata of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide or homicide? Oate of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT JARE FU M. Charp	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oate 19	6 Natura of Injury
19. UNDERTAKER Chung Auado	24. Was diseasa or injury in any way related to occupation of dacaased?
(Address) Dughenile Mid	If so, specify
20. FILEO /1 /8 /3 6 19 Com Charpeles	(Signad) / lugh f. fly and M. D.
Registr	ir. (Address) / Ang hiff full
If more blanks are needed, address State Reg	istrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11364	
1. PLACE OF DEATH		
county charles,	Registration Dist. No	
Village or City While Hairs	No. St., Wa	rd
Length of residence in city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME MANY CHEE DENS		
(a) Residence: No. Well Jean (Usuaj place of abode)	St, Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 27 ,193 (Yeer)	,
5a. If married, widewed, or divorced HUSBANO of (or) WIFE of Loy Research	22. 1 HEREBY CERTIFY, That i attended decessed fr	-
6. DATE OF BIRTH (month day, and year) Feb. 12, 1910	liast saw h A alive on Mov 1996; death is s	aid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.	
26 9 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Date of one	let het
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jestenonary Inberculoses 193	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) occupation		
12. BIRTHPLACE (city or town) Chas Co, Phule Plause (State or country)	Other Contributory Causes of importance:	
E Chan (V)		
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of Was there an autopsy?	
# 15. MAIDEN NAME alice Johnson	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT William Hannas (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Person 1936	Manner of injury	
19. UNOERTAKER HUMENT OV Cyme (Address) Hackers	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED N 25 , 736 M. R. Moners. Registrar.	(Signed) The Dowers M	1. D.
		-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEO 4 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SUKBAU V. S.	July 5,1927	Peritonitis	3 days ago	
6.	A DESCRIPTION OF THE PROPERTY			32	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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BINDIN

MARGIN RESERVED FOR

4. S. No. 1

MARRIED Married WIDOWED Married OR DIVORCED (Write the word) 17 TAGE OS yrs. MARRIED Married OR DIVORCED (Write the word) 17 The Cite OS yrs. B OCCUPATION (a) Trade, profession or particular kind of work Day MARRIED Married OR DIVORCED (Write the word) 17 The Cite OS yrs. MARRIED Married OR DIVORCED (Write the word) 17 The Cite OS yrs. The Cite OS yrs. B OCCUPATION (a) Trade, profession or Patried particular kind of work OS yrs. The Cite OS yrs. OS y	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 102
3 GEX 4 COLOR OB RACE B SINGLE. MARRIED Married. OR DIVORCED (Write the word) 17 6 DATE OF BIRTH (C. onth) (Day) (Year 7 AGE If LESS than I day hrs. I day hrs. B OCCUPATION (A) I rade, profession or Returned. The Color of the particular kind of work The color of the particular kind of work The color of the particular kind of work The color of the particular in the particular kind of work A COLOR OB RACE B SINGLE. MARRIED Married. I day in the Large of the particular in the particular kind of work The color of the particular in the particular in the particular kind of work The color of the particular in the particular in the particular kind of work The color of the particular in the particular in the particular in the particular kind of work The color of the particular in t	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stend of street and number.)
MARKED MANNED MIDOWED MANNED OR DIVORCED (Write the word) 17 TAGE O	MEDICAL CERTIFICATE OF DEATH
The Che and that I la and that	OF DEATH / 10, 1936 (Month) (Day) (Year)
B OCCUPATION (a) Trade, profession or Return (a) Trade, profession or Return (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	St saw ham alive on Nov. 9 1936
(a) I rade, profession or Thursday	SE OF DEATH was as followed
(b) General nature of industry Affarmes.	Uremia repliritis (Olir)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Invisibles Md.	(Duration) yrs mos d
10 NAME OF Samuel Pout, (Signed)	Vil 1936 (Address) markey M.
OF FATHER (State or country) Charlee Co. Mass. 12 MAIDEN NAME 12 MAIDEN NAME (State or country) Charlee Co. Mass.	tate the Disease Causing Death, or, in deaths from t Caus s, state (1) Means of Injury and (2) whether ental, Suicidal or Homicidal.
OF MOTHER OF STATE OF MOTHER OTHER OF MOTHER O	or Residents) In the State yrs mos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not as Former or usual res.	dence
(Address) Domide, My.	aufment that My /21,30
Filed Nov / 1936 IN Plant 20 UND Registra: If more b.anks are needed, address State Registrar, 16 W. S.	thilly Penny Vieyal 18

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesmon, (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serrant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, Never return 'Laborer,'" Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on specifically the occupations of persons en-Compositor, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fremon, etc. But in many Architect, Locomolive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,")



stated unless important. telanus) may be stated under the head of "contributory." corbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma,, etc., et unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Chronic American Medical Association.) Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on Nomenclature of the Example: Measles (disease etc. The contributory volvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11365
1. PLACE OF DEATH	(KZ)
County Charles.	Registration Dist. No. / O O
The state of the s	- No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
D 1 - 10	ds. How long in 0.5. If of foreign pitting
(a) Residence: No. (by place of abode) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor WIFE of Magdeleine Dyarn.	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, end year) april 14, 1900	i last saw h alive on, 19; deeth Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12015 _m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupetion (month and yeer) 12. BIRTHPLACE (city or town) (Stete or country)	Guishoù Wollind - Guishoù Wollind - Jeffisher bled a Other Contributory Causes 61 importence:
13. NAME Thomas Dypotacs 14. BIRTHPLACE (city or town) Charles Collection (State or country)	
14. BIRTHPLACE (city or town) - Pole of Pole of	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fluccie Tord 16. BIRTHPLACE (city or town) Cless Co. Med. (Stete or country)	23. If death wes due to externel causer (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) (13 et allon Med	In field.
18. BURIAL, CREMATION OR REMOVAL DICPORT ROLL 1936	Manner of injury self inflicted. Nature of injury guestich wormend Here hears
19. UNDERTAKER WIPOby (Address) Belalon Ma	24. Was disease of injury in any wey releted to occupation of deceased? 2005— If so, specify (Signed) Allele Extract M. D.
Davidson	1 (bidges) I I do an hed

If more blanks are needed address State Registrar, 2411 N

Course of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1936	July 5,1927	Peritonitis	3 days ago
ELAPAU V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

1. PLACE OF DEATH

RESERVED plain carefully in pe

Registration Dist. No. /08 County Village or City_ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. If of foreign birth? 40 yrs. mos. ds. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBANO of HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than to have occurred on the date steted above, at ____. 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 16 or min. Oate of enset 8. Trade, profession, or particular LION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which OCCUPA work wes done, as SILK MILL. SAW MILL, BANK, etc ... 10. Oate deceesed last worked et Total time (years) this occupation (month and spent in this occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation..... (State or country) What test confirmed diagnosis?_____ Wes there an autopsy?__ important. 15. MAIOEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT Very der ne (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury CAUSE .. Oate... LION Nature of injury_____ 24. Wes disease or injury in eny way releted to occupation of deceased?.. 19. UNOERTAKER (Address) If so, specify œ. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UEU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Int	st	UF	
OI	pli	2	1
item	shot	o jo	1
B.—WRITE PLAINEY, WITH UNFADING INK—I'HIS IS A PERMANENT RECORD, Every item of inf	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF	1
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CEC	PI	xact	
	Z.	I	
ANEN	ACTL	ssified.	
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1	田	rly	ate
4	ted	pe	ific
2	sta	pro	cert
HIS	pe	pe	Jo
1	pluc	may	TION is very important. See instructions on back of certificate.
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5	GE	hat	us (
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	-	APPE	- 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11368
1. PLACE OF DEATH	
County Charles	Registration Dist. No. + 6 8
Village or City Aug hes well	NoSt., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
	Parmer
(a) Residence: No. / fusher will, ((Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M. Wisowed	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. OI HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Whea Theolog	1936 to 200. 3 1936
6. DATE OF BIRTH (month, day, and year) Left By 1894	Hast sawh 40 alive on Hus . 3 , 1926; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
44 0 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Julymany / who en am 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1931 spent in this occupation coupation	
12. BIRTHPLACE (city or town) Day and	Other Coutributory Causes of Importance:
(State or country) Charles lo 02	
13. NAME Janus Edwards Jaanes	
14. BIRTHPLACE (city or town) - And Andrew	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellis Bris lag	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Day on line	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT James G. James	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Augherille, Jul. 18. BURIAL, CREMATION, OR, REMOVAL	
Plece of Mary Date Mar. 1936	Manner of Injury
De 80 B	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In eny way related to occupation of deceased?
1/4/01 8 8D	(Signed) Augh II for any on MD
20. FILED // / c , 19 Cara Offensel	(Address) Ang hy hell hell
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
1	of importance were as follows:	Date of bliset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED

	CERTIFICATE OF DEATH 11369
1. PLACE OF DEATH	93-2
	Registration Dist. No. 103
Village or City Devrpard-	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred J. Dyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME DEONALD Stashaue	Herleit
(a) Residence: No. Men for All (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /162 - 26 , 193/6
5a. If marriad, widowed, or aivorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of There has been the total	22. I HEREBY CERTIFY, Thet I ettended daceased from
A DATE OF THE PARTY OF THE PART	Jan 15 , 1936 , to 1162 26 , 1936
6. DATE OF BIRTH (month, day, end year) Alec . // 1863 7. AGE Yeers Months Deys If LESS then	I last sew h. Linux aliva on 2407. Gett, 19 36; deeth is said
TAI I day,hrs.	to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
Production of the last of the	were as follows:
8. Treda, profession, or perticuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	Duran detis
9. Industry or business in which	- flago Con was
work wes done, es SILK MILL, SAW MILL, BANK, atc	On Sign Hithulation 100
10. Deta deceased lest worked et this occupation month and yaar)	17.00
12. BIRTHPLACE (city or town) - Reuseulls (State or country) A. Massia	Other Contributory Causes of Importence:
13. NAME Ohn Col Healest 14. BIRTHPLACE (city or town)	
I4. BIRTHPLACE (city or town)	Nema of operation Dete of
(Stelle of country)	Whet test confirmed diegnosis? Was there en eu'opsy?
15. MAIDEN NAME Sul S. Alskey 16. BIRTHPLACE (city or town)	23. If death was dua to externel ceuses (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) A. Manys	Where did injury occur?
17. INFORMANT Jaselland J. Sales (Address) Devotorth Sales	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place It: Manys Clienter Dete 101. a.b., 19.36	Nature of injury
19. UNDERTAKER Alexant The form	24. Was disease or injury In any way related to occupation of daceasad?
20. FILED Par. 26 , 1936 J. P. Sippell Registrar.	(Signed) (Address) / Mary quantity May
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNESU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of infor-Y, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

V. S. No. 1

County Clay Clay Seed on City of Low where death occurred 37 yrs. 5 mos. 4. County Langth or residence in city of low where death occurred 37 yrs. 5 mos. 4. How long in U. 3. If of foreign birth yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OS. SHINGLE MARKELD WINOVED Constitution of the County of Low and State. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OS. SHINGLE MARKELD WINOVED Constitution of the World Constitution of the Wo	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. March City Ci	1. PLACE OF DEATH	11010
Length of residence in city or form where death occurred 27 yrs 5 mpg ds How long in U.S. if of foreign birth? yrs mos ds 2. FULL NAME. (a) Residence: No. Manual Commission of about St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED S. II married, widowed, or divorced on the word of the control of the control of the control of the date stated above, at 1936 (feat) 1936	County Chas	Registration Dist. No. /18
Length of residence in city or fown where death occurred \$\frac{1}{2}\text{. yrs. } \text{. mos. } \text{. ds. } \text{. Now long in U. S. if of foreign birth? } \text{. yrs. } \text{. mos. } \text{. ds. } \text{. Ward.} \text{. If numerical mit give city or town and State } \text{. PERSONAL AND STATISTICAL PARTICULARS } \text{. MEDICAL CERTIFICATE OF DEATH } \text{. SNE Let COLOR OR RACE } \text{. SNRULE, MARIE ID WINOVED (South of the word) } \text{. SNRULE, MARIE ID WINOVED (South of the word) } \text{. SNRULE of BIRTH (month) } \text{. Obj. Divorce (wint the word) } \text{. DATE OF DEATH } \text{. (Month) } \text{. Day } \text{. (Month) } \text{. (Day) } \text{. (Month) } . (Month)		
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wintche word) OR DIVORCED	2. FULL NAME I MITEXA Semuse	*C
3. SEX 4. COLOR OR RACE OR DIVORCED Coming the word) 50. I murried, widowed, or divorced 50. I murried, widowed, or divorced 50. I murried, widowed, or divorced 50. DATE OF BIRTH (month, dey, and year) 6. DATE OF BIRTH (month, dey, and year) 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than I day, hrs. I day, hrs. Rid of work done, as SF NNER, for which Will Bark, etc. 10. Date General fast worked at this occupation (month and year) 10. Date General fast worked at this occupation (month and year) 11. Total time (years) Spent in this Socyanish and this occupation of country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 16. State or country) 17. INFORMANT 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. Maid of pration Neme of pration. Date of injury. 19. Was there an auropay? 22. I HE R B B Y C E R T I F Y. That I attended deceased from 19. Mail to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated above, at. 10. Date General to have occurred on the date stated		
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7. AGE Years Months A The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Note of the profession, or particular side of work done, as SPINNER, Actually and the second of work done, as SPINNER, Actually and the second of work was done, as SILK MILL, BARK, etc. 10. Date deceased last worked at the occupation months appear in this occupation months appear in this occupation. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Were as follows: When were as follows: When were as follows: Actually a profession, or particular were as follows: When were as follows: Actually a profession and the profession which were as follows: Bate of onest The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onest When test confirmed diagnosis? Was there an autopsy? The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Action of the Cautiful Cause of importance were as follows: Action of the Cautiful Cause of importance. When test confirmed diagnosis? Was there an autopsy? Was there an autopsy? The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: When test confirmed diagnosis? Was there an autopsy? The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: When test confirmed diagnosis? Was there an autopsy? The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: When test confirmed diagnosis? Was there an autopsy? The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Action of the Cautiful Cause of importance were as follows: Action of the Cautiful Cause Of the Cautiful Cause of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Action of the Cautiful Cause Of the	HUSBAND of	2
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20. FILED/11/2/26, 19 (Signed) Address) Address Address) Address Addres		
Agustat. (Audiess) - f. Life f. Mar. Land. M. V. W.	20. FILED / 1/2/36, 19	MINITED AND A SECOND
If more blanks are needed address State Registrar 2002 N Charles Street Religion Paguettes 71 S No.	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEC p race	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1311
1. PLACE OF DEATH	[3])	
County Charles.	Registration Dist. No.	()
	NoSt,	
(a) Residence: No. La Plata Med	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Name of the word)	21. DATE OF DEATH November	, 193 4
5a. If married, widowad, or divorced HUSBAND of John Wesley Lyles.	22. I HEREBY CERTIFY. That I attended OCX 4.3 19.36 to Nov //	decaasad from
6. DATE OF BIRTH (month, day, and year) Whee. 27, 1875		a; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at Jeo. a. R.m.	, , , , , , , , , , , , , , , , , , , ,
6.0 10 14 Idey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesad last worked et lil. Total time (years) this occupation (mapped and profession of the constitution).	Cerebrae Thrombosis	11/23/36
10. Date decaesad last worked et this occupation (month and year)	Ohn Carried and Ca	
12. BIRTHPLACE (city or town) Clock Co. (Stata or country) nud.	Other Courributary Causes of importance: Chr. Arthropoclaronia with Chr. Nephribia	3
13. NAME Madison Brawn 14. BIRTHPLACE (city or town) Class Co (Stete or country)	Name of operation	
I 15. MAIDEN NAME Millie yacing.	What tast confirmed diagnosis?	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Suice Lyle-Suisand. (Address)	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL PIece New tous Cembra, Deta Non 14, 1936	Mannar of injury	
19. UNDERTAKER Level Grade May 19. (Addrass) Walder The	24. Was disasse or injury in any way ralated to occupation of daceased?	no
20. FILED Mr. 14, 1936 Killian V. Posey	(Signed) Alles Ent Va	CC M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Fa Plata ma

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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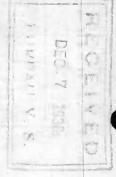
Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Warles.	CERTIFICATE OF DEATH
	Registration Dist. No. 10
Village or City Graffon (No.	St.: Ward) (If death occurred in a hospital or inetitution, give ite NAME instead of street and
2FULL NAME Shirley Somple	e / (Dumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Old Single (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (lear	that I last saw h alive on 192
7 AGE [If LESS than	and that death occurse on the date stated above, at
yrs. 3 mos. ds or min.?	The CAUSE OF DEATH & was as follows:
B OCCUPATION	
(a) Trade, profession or at home	January H.
(b) General nature of industry	no physicem in attendance.
business, or establishment in which employed or (employer)	(Duration) yrs. ds.
9 BIRTHPLACE (State or country) arauton and	Contributory Secondary
1 10 NAME OF	(Duration) yrs mos de
FATHER Drolle France.	(Signed) M. D.
11 BIRTHPLACE ON A -	Mar. 27,986 (Address) marky Ind
(State or country) Haslington, To.	*State the Disease Causing Death, or, In deeths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Posce M, Pass.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE marcus Hook,	At place in the
(State or country) Perneylvania	of death yis mos ds. State yis ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Interment) Rose, M. Rose.	Former or usual residence
(Address) Prouter, Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 7 - A A D A D A A A	20 UNDERTAKER PADDRESS
Filed 1923 CO (V Registra)	Marke lose Mashington
If more b.anks are needed, addross State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomothe engineer, Civil engineer. Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serrant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,""Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day and children, -Coal mine, etc. not gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")



stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ef (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need work (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably smcide. Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic The nature of the injury, etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

1	item	sho	of C	
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	
1	CARD.	HYSI	t sta	
	REC	7. P	Exac	
5	NENT	CTLY	ifed.	
	RMA	XA	classi	
2	A PE	ted E	perly	N is very important. See instructions on hack of certificate.
	SIS	stal	pro	cert
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Charles	Registration Dist. No. / 00
Village or City near welcome	
C) (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurredyrs	
2. FULL NAME Dorisa alleema	warren.
(a) Residence: No. Meas - Luelcome he	- Ot.,
(Usualpiace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hearle Colored OR DIVORCED (write the word)	21. DATE OF DEATH Nov 28 (Month) (Day) (Yaar)
But Married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
In only	WW 25 ,19 36, to ,19
DATE OF BIRTH (month, day, and year) Fels. 6, 1936.	I last saw h. e.s. alive on now. 25, 1936; daath is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:30 Q.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute gasho - nov 4.
9. Industry or business in which work was done, as SILK MILL,	outersto win 1936
SAW MILL, BANK, etc	7
10. Date deceased last worked at this occupation (month and year)	Voniting.
2. BIRTHPLACE (city or town) Chas Co	Other Contributory Causes of importance:
(State or country)	En huset.
13. NAME Harry Warren	
14. BIRTHPLACE (city or town) Chas Co	Name of operation Date of
(State or country) Wed.	What tast confirmed diagnosis?
15. MAIDEN NAME Viola Briscae	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Chan Co	Accident, suicida, or homicide? Date of injury 19
(State or country) Mul.	Whare did injury occur?
7. INFORMANT Father Harry Warren (Address) Welcome md	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mt n lon Ceme Dote MV. 30, 1930	Nature of injury
9. UNDERTAKER Harry Warren tather achi	24. Was disaase or injury in any way releted to occupation of deceased?
(Addrass) Wel come manyland	If so, spacify
0. FILED NOV. 28', 1926 Dillian V. Posey Registra.	(Signed) Muller Cho lace M. D. (Address) Lac Plan Will-
200041	and the second s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage DEC 7 1936	July 5,1927	Peritonitis	3 days ago
VS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY	PHYSICIAN
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